

## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

05/05/2004

Bereskin & Parr  
Box 401  
40 King Street West  
Toronto, ON M5H 3Y2  
CANADA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,554	09/28/2001	Bruce J. Holub	6580-262	2581

TITLE OF INVENTION: TRITERPENE SAPONINS FROM SOYBEANS FOR TREATING KIDNEY DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRISHNAN, GANAPATHY	1623	514-026000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bereskin & Parr  
2.  
3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Her Majesty the Queen in Right of Canada as Represented  
by the Minister of Agriculture and Agri-Food Canada  
-and-  
University of Guelph

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ottawa, Canada

Guelph, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2095 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

July 21, 2004

Patricia Power, Registration No. 51,379

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/23/2004 SHASSEN2 00000033 09964554

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		<b>Application Number</b>	09/964,554
		<b>Filing Date</b>	September 28, 2001
		<b>First Named Inventor</b>	Bruce J. Holub
		<b>Group Art Unit</b>	1623
		<b>Examiner Name</b>	Bruce J. Holub
<b>Total Number of Pages in This Submission</b>	4	<b>Attorney Docket Number</b>	6580-262

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Issue Fee</b> <b>Publication Fee</b> <b>Letter</b>		
<table border="1"> <tr> <td><b>Remarks</b></td> <td></td> </tr> </table>			<b>Remarks</b>	
<b>Remarks</b>				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Patricia Power, Reg. No. 51,379 BERESKIN & PARR
<b>Signature</b>	<i>P. Power</i>
<b>Date</b>	July 21, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

July 21, 2004



Patricia Power B.Sc., Ph.D. (Chem)  
416 957 1683 ppower@bereskinparr.com

Your Reference: 09/964,554  
Our Reference: 6580-262

**DATE OF ALLOWANCE: May 5, 2004**

The Commissioner of Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Attention: BOX ISSUE FEE**

Dear Sir:

**Re: United States Patent Application No. 09/964,554**  
**Filed: September 28, 2001**  
**For: TRITERPENE SAPONINS FROM SOYBEANS FOR TREATING KIDNEY DISEASE**  
**Inventors: Bruce J. Holub et al.**

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This correspondence is in response to the Notice of Allowance and Fee(s) Due dated May 5, 2004. Enclosed is the completed Issue Fee transmittal form for filing in connection with this application.

A cheque in the amount of \$1630.00 (large entity) is enclosed for payment of the Issue Fee and Publication Fee.

*Please send all correspondence to the Toronto office:*

Scotia Plaza, 40 King St. West, 40th Floor,  
Toronto, Ontario, Canada M5H 3Y2  
Tel: 416.364.7311 Fax: 416.361.1398

2000 Argentia Rd., Plaza 4, Ste. 430,  
Mississauga, Ontario, Canada L5N 1W1  
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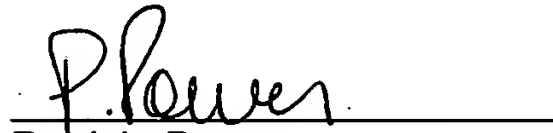
Waterloo Technology Campus, 408 Albert St., Ste. 2,  
Waterloo, Ontario, Canada N2L 3V3  
Tel: 519.783.3210 Fax: 519.783.3211

**www.bereskinparr.com**

If any additional fee is due, the Commissioner is authorized to charge any such fee to Deposit Account No. 02-2095.

Respectfully submitted,

**BURCE J. HOLUB**

A handwritten signature in cursive script, appearing to read "P. Power", is written over a horizontal line.

Patricia Power

Registration No. 51,379

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